

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10664341**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2	1		1				52								
3	1		1				53								
4		3		3			54								
5		3		3			55								
6		3		3			56								
7		3		3			57								
8		1		1			58								
9		2		2			59								
10		2		2			60								
11		2		2			61								
12		1		1			62								
13		1		1			63								
14		1		1			64								
15		1		1			65								
16		1		1			66								
17		3		3			67								
18		1		1			68								
19		1		1			69								
20		2		2			70								
21		2		2			71								
22		2		2			72								
23		2		2			73								
24		2		2			74								
25		2		2			75								
26		2		2			76								
27		2		2			77								
28		2		2			78								
29		2		2			79								
30		2		2			80								
31		2		2			81								
32		1		1			82								
33		1		1			83								
34		1		1			84								
35		3		3			85								
36		3		3			86								
37		3		3			87								
38		1		1			88								
39		3		3			89								
40		1		1			90								
41		3		3			91								
42		3		3			92								
43		3		3			93								
44		3		3			94								
45		3		3			95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3		3				TOTAL IND.								
TOTAL DEP.	85		85				TOTAL DEP.								
TOTAL CLAIMS	88		88				TOTAL CLAIMS								